

Republic of the Philippines
Province of Davao del Norte
BIDS AND AWARDS COMMITTEE
 Government Center, Mankilam, Tagum City

Quotation No. : C20213378

Date : July 23, 2021

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PR Number : 2107-3820

PURSUANT TO THE PERTINENT PROVISION OF REPUBLIC ACT NO. 9184 AND ITS IMPLEMENTING RULES AND REGULATIONS, PLEASE QUOTE YOUR UNIT, TOTAL AND GRAND/LOT PRICE OF THE ITEMS LISTED HEREUNDER, WHICH THE PROVINCE OF DAVAO DEL NORTE DESIRES TO PURCHASE. SHOULD THE BIDS AND AWARDS COMMITTEE FIND YOUR PRICE REASONABLE, RESPONSIVE AND LOWEST IN THE MARKET, YOU WILL BE OFFICIALLY NOTIFIED AS TO THE DATE OF DELIVERY. IN CASE THERE IS A FAILURE OF DELIVERY AND/OR LATE DELIVERIES, LIQUIDATED DAMAGES SHALL BE IMPOSED AND BE CHARGED AGAINST YOUR PRESENT OR FUTURE TRANSACTIONS. THE PROVINCIAL GOVERNMENT OF DAVAO DEL NORTE RESERVES THE RIGHT TO ACCEPT OR REJECT ANY BID, TO ANNUL THE BIDDING PROCESS, AND TO REJECT ALL BIDS ANY TIME PRIOR TO CONTRACT AWARD, WITHOUT THEREBY INCURRING ANY LIABILITY TO THE AFFECTED BIDDER/S.

Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
1	3 PC	AIR FRESHENER (CAR)	_____	_____
2	12 PC	BALLPEN 0.8-BLUE	_____	_____
3	20 PC	CORRECTION TAPE W/ GOOD QUALITY 12 MTRS.	_____	_____
4	2 PC.	DOORMAT CLOTH, STANDARD SIZE	_____	_____
5	36 PC	EMPTY SACKS-GOOD AS NEW	_____	_____
6	8 BOT	HAND SOAP W/ MOISTURIZER	_____	_____
7	1 CART	IMAGING DRUM, CF219A (19A)	_____	_____
8	3 CART	INK, CT202246 (BLACK) FOR FUJI PHOTOCOPIER	_____	_____
9	5 PACK	PHOTO PAPER, LONG 20 PCS./PACK	_____	_____
10	5 BOX	PUSH PINS ROUND HEAD TYPE, ASSORTED COLORS, 100'S	_____	_____
11	5 LNHT	SPIRAL 1/8"	_____	_____
12	3 ROLL	TAPE, DOUBLE SIDED 2"	_____	_____
13	10 BOX	THUMB TACKS	_____	_____
14	2 PC	TONER 83A	_____	_____
15	3 CART	TONER LASERJET CE285A	_____	_____
16	8 CART	TONER TN660-BROTHER PRINTER 2540DW	_____	_____
17	3 CART	TONER, CF217A (17A)	_____	_____
18	2 CART	TONER-MFC L5900DW PRINTER/COPIER (WITH COUNTER)	_____	_____
19	4 BOT	MOSQUITO KILLER, WATER BASE-500ML	_____	_____
20	3 GAL	TOILET BOWL AND TILE CLEANER	_____	_____
21	8 PACK	TOILET TISSUE 250 TWIN PLY SHEETS, 12 ROLLS/PACK	_____	_____

PEO-SMAD (FIRST QUARTER) RE-PR FROM PR# 2101-0610

Approved Budget for the Contract : P 127,115.00

PLACE OF DELIVERY : PGSO Warehouse

DATE OF OPENING OF CANVASS: July 29, 2021

TIME OF OPENING OF CANVASS: 09:00:00 AM

VERY TRULY YOURS,

ENGR. GLENN A. OLANDRIA
 (Provincial Engineer)
 BAC CHAIRPERSON

I HEREBY CERTIFY:

- 1) THE ABOVE PRICES OF THE ITEMS HEREIN DESCRIBED ARE CURRENT AND VALID FOR 120 DAYS FROM DATE OF THE OPENING OF CANVASS.
- 2) IN CASE THE PROVINCE OF DAVAO DEL NORTE WILL OFFICIALLY NOTIFY THAT THE ITEMS WILL BE PROCURED FROM MY/OUR ESTABLISHMENT, THE STOCKS ARE READILY AVAILABLE OFF-THE-SHELF.

NAME OF ESTABLISHMENT _____	
ADDRESS _____	
Please check whether VAT or Non-VAT	<input type="checkbox"/> V.A.T. <input type="checkbox"/> Non-V.A.T.
PhilGEPS Registration No.: _____	
T.I.N. No. _____	TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____
 Signature Over Printed Name

POSITION

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Item No.	Qty./Unit	Item	Quotation	
			Unit Price	Total Amount
22	10 CART	INK,MP258 PG-810 BLACK	_____	_____
23	6 CART	INK,MP 258 PG-811 COLORED	_____	_____
24	120 PC	FOLDER-RED, LONG	_____	_____

Green Procurement Terms and Conditions for TOILETS AND URINALS

1. The nominal full flush volume shall not exceed 6.0 l/flush (for urinals 2.0 l/flush).
2. Toilets (toilet suites delivering a full flush volume of more than 4.0 liters and toilet flushing system shall be equipped with a water-saving device. The reduced flush volume shall not exceed 3.0 l/flush.
3. The supplier shall supply products which are packaged in materials that should be recyclable.

FOR TOILET PAPER

1. The supplier shall supply paper which is at least Elemental Chlorine Free (ECF).
2. The core as well as any paper wrapping and carton box packing must be strong enough for storage and transit.

* * * GRAND/LOT PRICE : P _____

Terms and Condition :

The following documentary requirements shall be submitted together with the Price Quotation Form or Canvass as requisite for award:
 a) Mayor's/Business Permit
 b) PhilGEPS Registration Number

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NAME OF ESTABLISHMENT _____	
ADDRESS _____	
Please check whether VAT or Non-VAT	<input type="checkbox"/> V.A.T. <input type="checkbox"/> Non-V.A.T.
PhilGEPS Registration No.: _____	
T.I.N. No. _____	TEL./FAX No. : _____

SIGNATURE

PRINTED NAME

CANVASS BY: _____

Signature Over Printed Name

POSITION